

CHIROPRACTIC in AMERICA

The Historical Conflicts of Cultism and Science

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Reprinted from *Popular Culture*, Winter 1977

Vol. XI No. 3



social anthropologists who pursue the seemingly inexhaustible publications of the Superintendent of Documents of the United States Government Printing Office will find a 310-page monograph issued in 1975 which should offer a watershed of sorts as to the changing attitudes of the official health care family in this country.

The monograph is entitled "The Research Status of Spinal Manipulative Therapy" and was issued by the Department of Health, Education and Welfare as the scientific papers and commentary on a workshop held at the National Institutes of Health in Bethesda, Maryland in February, 1975. Both HEW and NIH conduct hundreds of seminars and workshops annually, if course, but of particular moment to contemporary social historians and those whose field has been the history of medicine, this workshop offered significant contents and participation.¹

Primarily, for the first time since its beginning in the twilight years of the 19th century, spokespersons of chiropractic — derided and shunned by mainline medicine as an unscientific cult — rubbed elbows and exchanged shop talk with some of the leading clinicians, orthopedists and experts in manipulative medicine in North America and Europe. In short, chiropractors, consigned for most of a century as a marginal occupation seeking status by entering a back door of medicine (and as at least one has alleged — via the cellar), have been invited into the front door of an international scientific congress as equal participants with other health providers and biological experts.

The origins of chiropractic are in an appropriately current focal point of interest, for the total health care delivery system is coming under increasing public scrutiny, and the presence of upwards of 25,000 practitioners who are within, yet not totally a part of, that delivery system in the United States and Canada deserve attention. Few sectors in the North American experience provide such a history of dogma, charismatic leadership, legal exclusion and judicial assault, cultism blended with pseudo-science, the marshalling of public opinion to gain political tolerance and the bootstrapping of an entire occupational group to professionalization than that of chiropractic.

For reasons known best to those who search the byways of American social history and the frontiers of scientific dissent, little real exploration has been done into the saga other than that by polemical volumes advanced by either the chiropractors themselves or by the bastions of orthodoxy in medicine and its allied institutions. The only exceptions might be the work of Walter I. Wardwell and perhaps surprisingly, a book by a prophetic DC., Samuel Homola, published some 13 years ago. In general, I can only offer the unbroken ground found by a well-regarded British medical historian, Brian Inglis, author of the *History of Medicine*, who said, "... the rise of chiropractic . . has been one of the most remarkable social phenomena in American history . . . yet has gone virtually unexplored."²

For reasons previously cited, it is deserving of more than a footnote dismissal. Consider these elements in a social drama which was uniquely American, but which in time spread to Canada the Commonwealth countries and found acceptance even in the Central European strongholds of medical traditionalism and orthodoxy: The founder of chiropractic was Daniel David Palmer, who was born in a backwoods log cabin in eastern Ontario in 1844 and who died in a Los Angeles hospital in 1913, allegedly as the result of injuries suffered when he was hit by an automobile while he led a parade of his disciples several weeks earlier in Davenport, Iowa. The driver of the auto was his son, Bartlett Joshua, who styled himself "The Developer" as his father had been known as "The Discoverer." The elder Palmer was unlettered, contentious and at times eccentric, almost wholly intolerant if dissenters and in constant feud with his own colleagues as much as those in the civic and medical establishment. Colorful, articulate in speech and writing, he dabbled in the metaphysical and even attributed much of his original chiropractic principles to a Davenport physician who died some 30 years before Palmer announced his discovery (a man he never met — but with whom Palmer wrote he held "conversations"). He made and lost personal fortunes with flamboyance and was contemptuous of the attitudes of a disapproving society.

By the criteria of the late 19th century classical education, he was not learned, yet he authored three volumes and demonstrated a knowledge of physiology and anatomy which prompted the begrudging acknowledgment of medical critics. His mystique was such that he could walk into a meeting of a county medical society (which he did in Kansas City, Mo. in 1911) and end up delivering a lecture and demonstrating his adjusting technique on the back of the president, to the applause of his orthodox audience. His colleagues included at least half a dozen mainline physicians and surgeons and among his first students there were several orthodox practitioners. There is evidence that he may well have sat at the table of a contemporary medical reformer, Andrew Taylor Still, and to have gone away with that part of osteopathy which he felt was good, just as he took from the basic biological sciences that which he felt was interrelated to his theory of health and disease. For almost two decades after his discovery, he would be an itinerant practitioner, editor, educator, author, philosopher, poet, tradesman and self-proclaimed guru.³

Any historical discussion of chiropractic should be preceded by a definition,

for it is one of those footnote diversions of the larger North American social experience in which most informed persons will acknowledge a familiarity with the subject, but few can provide any intelligent understanding. This includes health professionals and laypersons alike, and may be the reason why there has been little communication, although much in the interior dissension of chiropractic has led toward this ignorance outside of their ranks.

The definition in *Webster's* which may be unsatisfactory to both advocates and opponents of the practice, should be sufficient for our discussion. The name, incidentally, is derived from the Greek and means literally "done by hand." It was suggested to Palmer by one of his first patients, an Illinois clergyman and Greek scholar. Webster provides this definition:

Chiropractic: a system of healing holding that disease results from a lack of normal nerve function and employing manipulation and specific adjustment of body structures (as the spinal column).

The very controversy which surrounds the definition evolved with Palmer, for while he was accepted as The Discoverer, there was almost immediate dissent among some of his followers as to *what* he had discovered, as well as how the thrusts to the spinal column should be applied. Some of the first medical converts to chiropractic were apparently uneasy about Palmer's lack of formal medical credentials, and at least two early M.D. associates, Davis and Gregory, wrote chiropractic textbooks based upon orthodox anatomy and physiology which expressed these reservations. The accounts by some of the first Palmer students indicate that The Discoverer did not hold medical education in awe, and demanded of his M.D. pupils the same classroom attendance and course participation as the more humble tradesmen and clerks who provided the first classes of graduate chiropractors.

The setting for Palmer's discovery in 1895 was wholly American. Having held himself out as a magnetic healer for a decade previous in the Mississippi River towns of Burlington and Davenport, Iowa, Palmer had built a large practice which attracted patients from several Midwestern states. He read medical texts extensively and had informal relationships with several doctors, notably homeopaths, whom he would question on the basics of physiology and pathology. Turn-of-the century druggists in Davenport even recall his writing prescriptions, although it was in violation of the medical practice act that was passed in Iowa in the 1880s. The oft-repeated allegation that Palmer "stole" his discovery from the osteopaths is not as easily documented, although there is evidence that he did journey to the seat of osteopathy in Kirksville, Missouri.

Kirksville would have been only a day's journey down the river and overland to northcentral Missouri and, despite the assertions by both Palmers and their followers, it is more than probable that the senior Palmer made the trip on several occasions. Andrew Taylor Still had "unfurled the banner of osteopathy" in Kirksville in 1874 and was known widely as a teacher of a new manipulative concept of health. It is inconceivable that Palmer would not have made the "Still connection" and Charles Still, a son of the founder of osteopathy, contended that Palmer had even been a guest in Still's home. Both founders, incidentally,

had strong metaphysical leanings and one account by B.J. Palmer has the senior Palmer and Still meeting at a "bonesetter's summit" in Clinton, Iowa after the turn of the century. Still outlived Plamer by only a few years, but long enough to see his reform school of medicine already succumbing to the wiles of orthodoxy. And despite his acceptable medical credentials, he would in time become an embarrassment to many of those who would become a part of the profession to which he gave birth.

Because Palmer's humble background gives substance to much of the outright condemnation of chiropractic as sheer quackery, it might be worthy to examine the background of some of his early students and associates. Not a few of them turn out to be learned people, including several physicians. The first graduate of the institute and infirmary which he started in 1897 was a physician and fully one-third of all those who graduated in the first five years of the school were physicians. The first dean of his faculty, the first overseer of his infirmary and clinic, and his successor as editor of the institute journal were all mainline MDs. Nor were they all men of "little standing in the medical world, many of whom were involved in medical quackery" as has been alleged by some critics.⁴ An early Palmer graduate who might have been atypical but fascinating, considering the low social esteem attached to pioneer chiropractic, was Alfred F. Walton, MD, a member of the faculty of the medical college of the University of Pennsylvania, a Philadelphia surgeon, a member of the staff of several prominent hospitals and an alumnus of the Harvard University Medical School. He wrote several papers and a book about chiropractic.

And if Palmer's lack of credentials offend some orthodox critics, they might recall Oliver Wendell Holmes, M.D., who wrote that medicine had learned:

"from a Jesuit how to cure agues, from a friar how to cut for the stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the Eustachian tube, from a dairymaid how to prevent smallpox and from an old market woman how to catch the itch-insect."

Those trained in the basic sciences today will find gross errors relative to anatomy and physiology in the writings of D.D. Plamer, although they remain remarkable considering he was self-taught in these sciences. They may appear to be minor, however, when contrasted with those of his prolific son, B.J., who authored some two dozen volumes, very little of which would survive any scientific scrutiny today. This included his rejection of the sympathetic nervous system and consolidating smallpox and mealels as one disease as well as injecting his "philosophy" into the anatomy textbook of his wife, an anatomist trained at Rush Medical College.

The schism between D.D. and B.J. was important and is so even unto this day. B.J. Palmer wrote that "Innate Intelligence" resides in the brain and "flows" to every cell of the body by means of nerves. That is why he maintained that chiropractic applies only to the efferent side of the nervous system which carries what he called "mental impulses" between brain cell and tissue cell.

The senior Palmer's early medical associates reflected their reservations about some of The Founder's propositions. Alvah A. Gregory, M.D., dean of an Oklahoma institution which trained chiropractors under Palmer wrote:

"It might be well to state that the practice of spinal adjustment was introduced in this country by a man almost wholly unacquainted with Pathology, Symptomatology, or Etiology, and one who knew Practically nothing of Anatomy and but little of Physiology. Consequently so many of the teachings in connection with the philosophy and science of spinal adjustment have been freely mixed with error and superstition and this fact has greatly hindered its investigation and reception by the medical world.

"Some of the medical profession and others of the better educated class of people have felt that because spinal adjustments were first introduced by a man who was wholly uneducated in therapeutic lines, he could not have made any discovery of much consequence or importance as a therapeutic auxiliary; but this does not, by any means, follow."⁵

Another physician, Arthur L. Forster, president of the National School which had began after a curriculum dispute with B.J. in 1906, expressed similar qualifications:

"Palmer, however, fell into one serious error. He did as so many before him have done. He became overzealous. He claimed that all disease is due to subluxations of the vertebrae and that all diseases could be eradicated by adjustment of the vertebrae. Naturally, such views could not be subscribed to by anyone with a liberal training in the sciences underlying the art of healing, and especially, one with a knowledge of pathology. This preliminary training Palmer lacked; and it goes without saying that had he possessed such knowledge, he would not have made the claims which he did. He derided all other forms of therapy, and persisted in his original views to the end. Nevertheless, while the advancement made in chiropractic technique has been very great, and broader views not obtain among the profession as a whole, still to Palmer must be given the credit for furnishing the impetus which carried chiropractic to a recognition of its wonderful possibilities."⁶

The little-known early years of chiropractic included the evolution of this school in Chicago, which now parallels the Palmer institution in importance. It was taken over by a group of physicians who became chiropractic converts and who made arrangements for bedside visitations and observation in the surgical amphitheater at Cook County Hospital by students of the National School of Chiropractic. Later, in the depression decade of the Thirties, there were hospitals built and administered by chiropractors with surgeons and specialists on con-

sulting staffs, the economics of survival surfacing above the prohibitions of "un-ethical conduct" toward such fraternization. While none of this in any way injects any validity into the pedigree of early chiropractic, it does make an assault on assertions that all of those in its formation were unlettered, unpolished followers who were susceptible to healing superstitions.

Yet the history of chiropractic through much of this century has been one of trial and turmoil, schism and sectarianism, dogma and debate. The earliest schools were many times launched after violent disagreements between The Discoverer and The Developer and their followers over the emphasis upon adjusting techniques for particular regions of the spine, over the means of diagnosis and over curriculum. One school — which was founded in Davenport and later located in Pittsburgh for some 26 years, produced the first X-ray views of a spine in the upright position. Its origins date to a 1910 lecture class by B.J. Palmer, when half the class, by prearranged signal, rose and walked out of the classroom, marched down Davenport's Brady Street hill and started a new chiropractic college.

Those who might smile at such absurd factionalism as further evidence of the hopeless cultist character of chiropractic should sift further into the pages of American medical history, however. Other sects — or medical heresies if we prefer — had equally colorful instances of school proliferation, medical historians Kaufman and Numbers having cited several of them.⁷ They include a Cincinnati medical school which in 1856 was occupied by the faculty and students of one faction, and who were then besieged by another faction "weilding knives, pistols, chisels, bludgeons and blunderbusses," whereupon they retreated to a courtroom when the occupiers appeared with a six-pound cannon. That dispute was not over the efficacy of a particular spinal thrust, but over some long forgotten concentrated remedies.

Almost from its inception, chiropractic has had a divisive internal dispute, with the "straights" or those who adhered to the "hands only" school bitterly opposed to the "mixers," or those practitioners who included various modalities, usually physical therapy and nutrition but in some instances even embracing minor surgery and obstetrics. This division has been similar to the mixer-purist controversies which existed in homeopathy and osteopathy as well, but in those schools the purists soon lost out. The mixers appear to be winning in chiropractic as well.

The contradictions of chiropractic's quickly changing role in society was dramatized on several occasions over the past two years. In 1974 Congress, responding to pressure from the growing patient constituencies of the chiropractors and from other sectors, authorized an expenditure of \$2 million for studies seeking to establish a scientific basis for the spinal manipulation which they use and to determine for which patients it may be effective. The NIH workshop was the most immediate result of this mandate, but applications for research projects under the authorization are in the process of being approved.

It will not be the first time that Federal and state funds have gone to a body of practitioners who occupy a limbo of medical practice, but it does provide a surprising about-face of policy and attitude within a short span of a decade,

illustrating that dogma, tradition and professional hostilities are twisting in the wind of change as health care becomes an increasing issue of concern. The cult of yesterday appears to be marked for probable acceptance on the American therapeutic scene, just as the staid family is prepared to accept the once disreputable cousin who has suddenly become presentable to society.

Just nine years ago, a special Ad Hoc Committee authorized under another Congress reported to HEW that chiropractic represented "theory and practice not based upon the body of basic knowledge related to health, disease and health care that has been widely accepted by the scientific community."⁸ Yet two years ago the same HEW circulated an announcement of one of its subsidiary agencies — the United States Commissioner of Education, which recognized the Council on Chiropractic Education as an official accrediting agency, with those accredited chiropractic colleges becoming eligible for financial assistance under a variety of Federal funding programs.

Thus chiropractic, still branded a hoax and a fraud in the publications of the American Medical Association — and still consigned to quasi-quackery by most of the organizations in the solar system of health and welfare agencies, by speciality health organizations and the Federal and state public health services — has made an undeniable great leap forward in professional status, public esteem and access to government-funded programs. All of this suggests current evidence that chiropractic, its practitioners and the body of consumers of health care who have sought and maintained their services represent one of the more remarkable social phenomena in North America in this century, and certainly one of the least understood and investigated by sociologists and historians.

With more than five million people utilizing the services of chiropractors in the United States and Canada annually, there is good argument that the practice be rescued from further unthinking categorization as a subject worthy of attention only with Scientology or faith healing or similar cultism of the Southern California variety. The body of literature that elevates it above faddism is weighty and is supplemented by the NIH workshop monograph, which included the papers and analysis of 58 scientists and clinicians of international stature, more than a third of them doctors of medicine and 16 of them doctors of chiropractic.

One clarification should be made in any historical discussion of chiropractic as a health-providing system. The debate as to whether chiropractic has any scientific foundation or therapeutic value may be endless, with the claims and counter-claims of the antagonists usually — but not always — dividing the house along disciplinary lines. Judgments of scientific data are not always made dispassionately because the holders of degrees in the biological sciences or the healing arts have been trained to make decisions in a scientific manner. The history of medicine has instructed us in the intolerance of orthodoxy when confronted with new dissenting theories. Its defenders, Arthur Koestler reminds us, have campaigned with the tools of defamation "with depressing monotony in the history of science."

The NIH monograph, in fact, spells out the inability of scientists to make anything but subjective assessments, declaring that "specific conclusions cannot

anything but subjective assessments, declaring that "specific conclusions cannot be derived from the scientific literature for or against either the efficacy of spinal manipulation therapy or the pathophysiologic foundations from which it is derived."⁹ This plateau of unattainment will be unsatisfactory to those who keep lit the flame of dogma in both medicine and chiropractic, but it is a point of satisfaction for social scientists who can better view the impact of chiropractic in a technological society, and the internal conflicts which it will experience with greater frequency because of its acceptance into the health care mainline.

These conflicts are essentially those between cultism and science, and they might be analyzed not so much as a criteria of ideology as a judgment of methodology. For instance, what was termed as a "psychosocial view" of chiropractic appeared as a special contribution in the prestigious *New England Journal of Medicine* last year, with its general conclusions being that the role of chiropractic within the health-care system as remaining stable in the future. It is interesting to observe that this commentary, made in a paper collaborated upon by both a psychiatrist and a sociologist, brought critical remarks almost as long as the original contribution in a subsequent number of the *Journal*.¹⁰

The critics ranged from chiropractic and osteopathic students and clinicians to health care educators and practicing physicians. The criticism was, predictably softline to harline, with undergraduates in the unorthodox schools lamenting the lack of orthodox familiarity and sensitivity with nomenclature, course content and statistical data and medical ideologues expressing horror that respectability was being accorded cultism in the pages of top-shelf professional proceedings. Chiropractic, however, had come out of the therapeutic closet and was being discussed in the family.

The authors of the *Journal* paper had proposed nothing particularly startling in their "psychosocial view," being a familiar consignment of the "chiropractic problem" as one for more attention by psychological rather than clinical experts. The practice, concluded this study, was one "more congruent with the values of its lower-middle-class clientele than is that of orthodox medicine," adding that chiropractors "function adequately to legitimize their patients' entrance into the 'sick role' and to provide an alternative channel of therapy."

The couch theory of chiropractic — which is rooted in the hardline dogma that its practitioners must first of all be either uneducated or unscrupulous, or both, is also based on the premise that its patients are naive and hypersuggestible people who ought to know better, but given the eternal prospects for a lower-middle-class society, will never have the benefit of an orthodox health care ideology. The ultimate solution, then, rests in a course suggested in a popular volume authored by a medical journalist some seven years ago. (Smith, 1969), which calls for the programmed elimination of chiropractors as providers.¹¹

This could be accomplished, the "final solution" advocate maintained, through a phased withdrawal of the right to use X-rays, central to any chiropractic practice, and then the rescinding of the 50 state licensure laws which regulate chiropractors in board examinations similar to other professionals. Finally, those Doctors of Chiropractic who chose to remain in the health field would be accorded credit for their six or more years of preparation by becoming paramedics,

and those who elected to leave would have retraining. As far as the writer can determine, this is the only serious program for the elimination of one professional group in America which has been endorsed by another.¹²

This proposition is still accorded credence by the organized body of medicine, as the book was published in a paperback format and distributed through the former Committee on Quackery of the American Medical Association through state affiliates. Specific mailings to legislators in Louisiana and Mississippi, the last two states to grant chiropractic examination boards, did not prevent licensure, and while the Committee has been disbanded in an apparent internal fiscal and policy reshuffle in the AMA, state affiliates continue to use the volume. Last January, for instance, guidance counselors in Pennsylvania high schools and colleges received a mailing from the president of the state medical society, which included the book and a letter which declared that "... organized medicine considers chiropractic an unscientific cult ... to direct a highly motivated and intelligent student into a career in chiropractic would indeed be a loss to society."¹³

This campaign raises questions about just how much attention is being directed toward legitimate health concerns as toward members of other — and possible competing — health providers by some medical bodies. Last October, Congress even investigated the possibility that the AMA might be in violation of antitrust laws because of alleged efforts to eliminate chiropractic as a health service. These revelations were made in testimony given before the Oversight and Investigation Subcommittee of the House, whose staff concluded that the Federal Trade Commission should study documents "where there was either a stated intent by the AMA to eliminate the chiropractic profession or plans were outlined to carry out that intent via harassment, delicensing and inducement of the boycotting of chiropractic services."¹⁴

The subcommittee's letter to the FTC included various communications which came from the Chicago office of the AMA and especially the now-disbanded Quackery Committee, which documented the campaign. Incidentally, these documents came from an unidentified source in the AMA which was soon nicknamed by newsmen following the story as "Sore Throat." He — or she — apparently still resides within the substructures of the AMA, retaining the same anonymity as a more famous kinsman, "Deep Throat."

It should be recognized that there is ideological dissent within the leadership of medicine, just as there is a sometimes infantile factionalism based upon the definition and scope of practice controversies within chiropractic. A newer generation of medical graduates is not likely to place chiropractic as one of the "top six priorities" of medicine, as it was so listed by the general counsel of the AMA in 1974. They might be more likely to follow the counsel of intelligent physicians, such as Dr. Lowell R. Bellin, Professor of Public Health and head of the Division of Health Administration at Columbia University School of Public Health. Writing in the journal *Medical Care* two years ago, he offered the following caveat:

"It is doctrinaire to routinely dismiss all endorsements of chiropractic as the mouthings of suggestible neurotics. If the efficacy of the technique is no more

than particularly skillful physical therapy as some opponents of chiropractic claim, then it would be well to identify this technique and teach it to future practicing physicians. Backache is ubiquitous."

Dr. Bellin, Now New York City Health Commissioner, was defending the report of a chiropractic colleague published in the same journal, not as a therapeutic advocate of chiropractic, but rather as an informed and realistic public health administrator. "Those who support the view that 25,000 dangerous people called chiropractors are now loose in society inflicting their allegedly absurd notions upon unsuspecting patients must concede that a fresh approach to the problem of chiropractic is in order," he concluded.¹⁵

The Sore Throats and the Doctors Bellin notwithstanding, much of the medical profession still views chiropractors with a measure of caution and contempt. While the hardliners may denounce them as a danger to public health, on the prestige rating scale, DCs simply do not mean much to some MDs and other professionals. This was evidenced in a 1974 medical occupational survey done by the University of Chicago hospital administration graduate program, in which doctors, patients and graduate students were asked to evaluate 41 medical and allied health specialties on a nine-point scale of prestige. Thoracic surgeons came out on top, and not surprisingly, chiropractors on the bottom.¹⁶ What may be of more interest here, however, is that osteopaths were only four points higher on this scale, which suggests something of the ingrained prejudices which still reside in the medical community.

As Professor Wardwell¹⁸ has pointed out, osteopathic medicine is all but a page in American medical history. Its great controversy is gone; the flame lit by Andrew Taylor still all but snuffed out; and the bones of the osteopathic dogma kicked into the closet in return for the separate-but-equal standings as full medical practitioners. No one disputes the quality of an osteopathic medical education, the standards of its schools or hospitals and the DO is as valid as the MD at every level of public health and administration. Yet in much of the medical community itself, the DO is only a notch away from what many consider to be the cultist DC, and "prestige points" below nondegreed technicians in psychiatry, X-ray, internal medicine, inhalation and occupational therapy, if we are to place any importance to the Chicago study.

Cultism, sociologists would tell us, are groupings with an exclusive ideology, with followers or disciples outside the mainstream of contemporary thought, dealing with absolutes and not allowing for dissenting thought within their ranks. Few could argue that chiropractic was not without the surface manifestations of cultism through much of its evolution, and the leadership of the Palmers especially introduced the evangelical mystique and promulgated the dogma which kept the practice sectarian for many decades. Yet the unrelenting opposition of medicine prevented any normal professional intercourse, a condition which only further isolated chiropractors and their academics from the health professions and the scientific mainline.

It could be argued that a true cult totally removed from accepted bodies of knowledge should have long ago fallen into the abyss of charlatanism, unable to survive the Twentieth Century technology of the biological sciences. Yet de-

spite its insularity, its penchant for faddism and gimmickery and virtual isolation from the mainstream for most of this century, the evidence today is that chiropractic is seeking to work within science rather than being in conflict with it. The accreditation of its schools — after a massive boot-strapping of its own standards, physical plants and facilities without any government assistance — is unparalleled by any other professional group in America.¹⁷ Its basic research has been slow because the tap of Federal funding has been turned off to them until recently. But its organizations — both straight and mixer — have supported a biomechanical research project at the University of Colorado for several years, a study which is the first to receive a substantial grant under the NIH chiropractic authorization. This project is under all of the recognized controls used in medical research, conditions which no "cultist" would adhere to or be invited to participate in.

The chiropractic member of the planning committee of the NIH Conference might offer a final insight into the dramatic changes which have taken place in chiropractic in eighty years. Scott Haldeman is a third-generation chiropractor, a fact in itself not unusual, but consider that his grandmother, who obtained a degree in 1905 from a now-nonexistant school had no particular requirements for her matriculation or graduation. His father completed an 18-month course of study at the Palmer school in 1926. Both were successful practitioners, licensed by the jurisdictions in which they practiced. Dr. Haldeman also has his chiropractic degree from Palmer, received after a four-year course, but, in addition, a Ph. D. in neurophysiology and an M.D. with honors from the medical school of the University of British Columbia.

By some criteria, the first and second generation chiropractors Haldeman were "cultist," the grandson a product of science. The fact is that the younger Haldeman became a chiropractor because of the object lessons of family as health providers. There was no conflict of cultism and science in that experience, only the generational process which reflected the evolution and survival of a marginal profession. It survived because it adapted — but each generation provided the one ingredient necessary for perpetuation: a community of health consumers who were ready to insure its survival.

NOTES

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(6) Foster, A.L. *Principles and Practice of Spinal Adjustment*. Chicago, Ill., 1915.

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(8) *Independent Practitioners Under Medicare*. Department of HEW, December 28, 1969.

(9) *Research Status of Spinal Manipulative Therapy*, Ibid.

(10) *New England Journal of Medicine*, 293:13, Sept. 25, 1975; 294:6, Feb. 5, 1976.

(11) Smith, Ibid. and articles in *Today's Health*, lay publication of the American Medical Association in 1968.

(12) Ibid.

(13) Letter, Pennsylvania Medical Society to "Guidance Counselors in Pennsylvania high schools and colleges," Jan. 23, 1976.

(14) Report, Subcommittee on Oversight and Investigation, House of Representatives, Oct. 22, 1975.

(15) Bellin, Lowell, *Medical Care*. September, 1973.

(16) Stephen M. Shortell, "Occupational prestige differences within the medical and allied health professions," *Sociological Science and Medicine*, VIII, 1974.

(17) Gibbons, Russell W. "The Making of a Chiropractor, 1906 and the Making of a Chiropractic Physician, 1976," *Digest of Chiropractic Economics*, 18:6, June 1976.

(18) Wardwell, Walter I. "Social Factors in the Survival of Chiropractic: a Comparative View." Duquesne University History Forum, Oct. 22, 1976.

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